PTO/SB/22 (12-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 0630-2784PUS1					
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		0030-27	784PUST				
Application Number 10/583,965-Conf. #19	536	Filed Ju	ıne 21, 20	006			
For ASPHERICAL MICROLENS ARRAYS AND FABRICATION METHOD THEREOF AND APPLICATIONS USING THE SAME							
Art Unit 2873		Examiner A	. M. Harr	ington			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
	<u>Fee</u>	Small Entity Fee					
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	120.00			
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$				
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$				
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$				
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _				
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.							
WARNING: Information on this form may become public. Credit card information should not be included on this form.							
Provide credit card information and authorization on PTO-2038. I am the applicant/inventor							
	aract Saa 37 CF	ED 3 71					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent of record. Regist	ration Number	40,953		;			
attorney or agent under 37 CFR 1.3	34.						
Registration number if acting under	37 CFR 1.34						
EstterCho	December 13, 2007						
Signature			Date				
Esther H. Chong			(703) 205-8000				
Typed or printed name 554 Telephone Number			r				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of forms are submitte	d.						

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PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Complete if Known					
		Application Number 10/583,965-Conf. #15		nf. #1536			
		Filing Date	June 21, 2006				
For FY 2008		First Named Inventor	Young-Joo YEE				
FOLFIZO	700	Examiner Name	A. M. Harringto	on			
Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	2873				
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	0630-2784PUS1				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FII			MINATION FEES				
Application Type Fee (\$	Small Entity) Fee (\$) Fee (\$	Small Entity) Fee (\$) Fee (Small Entity \$) Fee (\$)	Fees Paid (\$)			
Utility 310	155 510	255 210	105				
Design 210	105 100	50 130	65				
Plant 210	105 310	155 160	80				
Reissue 310	155 510	255 620	310				
Provisional 210	105 0	0 (0				
2. EXCESS CLAIM FEES				Small Entity			
Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (incl	uding Reissues)			210 105			
Multiple dependent claims				370 185			
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	\$) Multiple Dependent				
HP = highest number of total claims paid for			Fee (\$)	ee Paid (\$)			
Indep. Claims Extra Claims	_	_ Paid (\$)					
4 = 4		4.5 (4)					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	,,,,,,	additional 50 or fraction the	reof Fee (\$)	Fee Paid (\$)			
				= <u>1 ee 1 aid (\$)</u>			
- 100 = /50 = (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY							
Signature Settle	- Uhong	Registration No. (Attorney/Agent) 40,95	Telephone	(703) 205-8000			
Name (Print/Type) Esther H. Chong	\mathcal{O}		Date D	ecember 13, 2007			